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Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
I. Your full name		
Write the name that government-issued identification (for ex	picture First Name	First Name
your driver's license passport).	\A/!!!! =	Middle Name
Bring your picture identification to you	Johnson Last Name r meeting	Last Name
with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
. All other names you	ou .	
have used in the la years	sst 8 First Name	First Name
Include your marrie	Middle Name	Middle Name
maiden names.	Last Name	Last Name
3. Only the last 4 digit your Social Security	vvv vv O F	3 4 xxx - xx
number or federal Individual Taxpaye	OR er	OR
Identification num		9xx - xx

Debto	r 1 Kevin First Name	William Middle Name	Johnson Last Name	Case number (if k	nown)
	T not Hamo	About Deb		About Debto	or 2 (Spouse Only in a Joint Case):
а	Any business names and Employer		not used any business names or EIN		ot used any business names or EINs.
(I	dentification Numbers EIN) you have used in	Business nan	ne	Business name	
Ir	he last 8 years nclude trade names and	Business nan	ne	Business name	
d	loing business as names	Business nan	ne	Business name	
		EIN	' — — — — — — — .	EIN	
		<u></u>			——————
5. V	Vhere you live			If Debtor 2 li	ves at a different address:
		4207 Hwy	212		
		Number S	treet	Number Stre	eet
		Cavinata	20040		
		Covington City	GA 30016 State ZIP Code	City	State ZIP Code
		Newton			
		County		County	
		the one ab	ling address is different from ove, fill it in here. Note that the end any notices to you at this lress.	from yours,	mailing address is different fill it in here. Note that the court notices to you at this mailing
		Number S	treet	Number Stre	eet
		P.O. Box		P.O. Box	
		City	State ZIP Code	City	State ZIP Code
	Why you are choosing his district to file for	Check one.		Check one:	
	pankruptcy	petitio	he last 180 days before filing this n, I have lived in this district longer n any other district.	petition,	e last 180 days before filing this I have lived in this district longer any other district.
			another reason. Explain. 8 U.S.C. § 1408.)		nother reason. Explain. U.S.C. § 1408.)
Par	t 2: Tell the Court	About Your B	ankruptcy Case		
В	The chapter of the Bankruptcy Code you		(For a brief description of each, see N by (Form 2010)). Also, go to the top o		11 U.S.C. § 342(b) for Individuals Filing sk the appropriate box.
	re choosing to file ınder	✓ Chapter	7		
		— Chapter	11		
		— Chapter	12		
			13		

Debtor 1	or 1 Kevin	William	Johnson	Case number (if known)	
	First Name	Middle Name	Last Name	<u> </u>	
8.	How you will pay the fee	court fo	or more details about how you on cash, cashier's check, or mo	ny petition. Please check with the clemay pay. Typically, if you are paying oney order. If your attorney is submitticredit card or check with a pre-printed	the fee yourself, you may ng your payment on your
				s. If you choose this option, sign and installments (Official Form 103A).	attach the Application for
		By law, than 15 fee in ir	a judge may, but is not requi 0% of the official poverty line estallments). If you choose the	ou may request this option only if you ed to, waive your fee, and may do so that applies to your family size and your so option, you must fill out the Applicate B) and file it with your petition.	only if your income is less ou are unable to pay the
bankr	Have you filed for	☑ No			
	bankruptcy within the last 8 years?	Yes.			
		District		MM / DD / YYYY	se number
		District		When MM/DD/YYYY Ca	se number
		District		When Ca	se number
	Are any bankruptcy cases pending or being	☑ No			
	filed by a spouse who is	Yes.			
	not filing this case with you, or by a business	Debtor		Relationship to	you
	partner, or by an affiliate?	District		When Ca	se number,
		Debtor		Relationship to	o you
		District		When Ca	ise number,
	Do you rent your residence?	Yes. H	esidence? No. Go to line 12.	eviction judgment against you and do	

Debtor 1 Kevin First Name			William Johnson Middle Name Last Name			Case number (if	known)			
P	art 3:	Report About A	Any Bu	sine	sses You Own as a	Sole Proprietor				
12. Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a					Go to Part 4. Name and location of bunder of business, if any	usiness				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.				Number Street					
	sole pro	ave more than one prietorship, use a e sheet and attach it etition.			Health Care Busin Single Asset Real Stockbroker (as d	box to describe your business: ness (as defined in 11 U.S.C. § Estate (as defined in 11 U.S.C. efined in 11 U.S.C. § 101(53A)) r (as defined in 11 U.S.C. § 101	. § 101(51B))	ZIP Code	e	
are you a si		r 11 of the ptcy Code and a <i>small business</i>	can mos	<i>set ap</i> t rece	opropriate deadlines. If y nt balance sheet, statem	the court must know whether you indicate that you are a small ent of operations, cash-flow start exist, follow the procedure in 1	business de tement, and f	btor, you n federal inc	nust attach your	
	debtor?	debtor?		No.	I am not filing under Chapter 11.					
		efinition of small s debtor, see		No.	I am filing under Chapt the Bankruptcy Code.	er 11, but I am NOT a small bus	siness debtor	according	to the definition in	
	11 U.S.0	C. § 101(51D).		Yes.	I am filing under Chapt Bankruptcy Code.	er 11 and I am a small business	debtor acco	rding to the	e definition in the	
P	art 4:	Report If You (Own or	Hav	e Any Hazardous P	Property or Any Property	That Nee	ds Imme	ediate Attention	
14.	property alleged immine	own or have any y that poses or is to pose a threat of nt and identifiable to public health or		No Yes.	What is the hazard?					
	any pro	Or do you own perty that needs attention?			If immediate attention i	s needed, why is it needed?				
	perishal livestoci	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property?	Number Street				
						City		State	ZIP Code	

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Debtor 1 Kevin William Johnson Case number (if known) Last Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. You must check one:

☑ I received a briefing from an approved credit
counseling agency within the 180 days before

About Debtor 1:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

reasonably tried to do so.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I

filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1	Kevin First Name	Willian Middle N			Johnson Last Name		Case number (i	f know	n)
P	art 6:	Answer These	Questi	ions	for R	eporting P	urpos	ses		
16.	16. What kind of debts do you have?				Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. ✓ Yes. Go to line 17.					3 ()
			16b.		ney for No. (-	r invest	iness debts? Business del ment or through the operatio		debts that you incurred to obtain e business or investment.
			16c.	Sta	te the t	ype of debts y	ou owe	e that are not consumer or bu	usines	s debts.
17.	-	re you filing under hapter 7?		No.	lam	not filing unde	er Chap	ter 7. Go to line 18.		
а	any ex	Do you estimate that after any exempt property is		Yes.		•		•	-	xempt property is excluded and to distribute to unsecured creditors?
		excluded and administrative expenses			$\overline{\checkmark}$	No				
	availab	are paid that funds will be available for distribution to unsecured creditors?				Yes				
18.		any creditors do timate that you		1-49 50-99 100-1 200-9	199			1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000
19.		uch do you te your assets to th?		\$50,0 \$100		00,000 500,000 I million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you te your liabilities to		\$50,0 \$100		00,000 500,000 1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

Debtor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)			
Part 7:	Sign Below						
or you		I have exam and correct.	ined this petition, and I dec	lare under penalty of perjury that the information provided is true			
		I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, understand the relief available under each chapter, and I choose to					
·			attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me ut this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				
		I request reli	ef in accordance with the cl	hapter of title 11, United States Code, specified in this petition.			
·		concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, and 3571.					
			n William Johnson	X Signature of Debtor 2			
		Executed	d on 05/04/2016	Executed on			

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if know	n)			
For your attorney, if you are represented by one if you are not represented by an attorney, you do not need to file this page.		I, the attorne eligibility to p relief availab the debtor(s)	ey for the debtor(s) named in to proceed under Chapter 7, 11, ble under each chapter for wh the notice required by 11 U.	nis petition, declare that I have informed the debtor(s) about 12, or 13 of title 11, United States Code, and have explained the ch the person is eligible. I also certify that I have delivered to 5.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, equiry that the information in the schedules filed with the petition				
			nnon D. Sneed e of Attorney for Debtor	Date	05/04/2016 MM / DD / YYYY			
		Printed n	n D. Sneed & Associates	, P.C.				
		Number	Street NW					
		Covingt City	on	GA State	30015 ZIP Code			
		Contact p	phone (770) 788-0011	Email address bankr u	uptcy@sneedlaw.net			
		665610 Bar numb	per	State	_			

Fill in	this inf	ormation to ide	ntify your o	case:					
Debtor	1	Kevin	William		Johnson				
	_	First Name	Middle Name	•	Last Name				
Debtor (Spous		First Name	Middle Name)	Last Name				
United	States Ba	nkruptcy Court for the	ne: NORTHE	RN DIS	TRICT OF GI	EORGIA			
Case n	umber							☐ Check if the	nie ie an
(if knov	vn)							amended	
Officia	al Form	107							
State	ment o	f Financial A	ffairs for	Indiv	iduals Fil	ing for B	ankruptcy		04/16
Be as co	omplete a	nd accurate as pos	sible. If two i	married i	people are fili	na toaether. b	oth are equally	responsible for	supplyina
correct i	nformatio	on. If more space i	s needed, atta	ich a sep	arate sheet to				
your nai	nie and ca	se number (if knov	vii). Aliswei (every qu	estion.				
Part 1	Giv	e Details Abou	t Your Mari	ital Sta	tus and Wh	ere You Liv	ved Before		
1. Wh	at is your	current marital sta	tus?						
$\overline{\square}$	Married								
	Not marrie								
2. Dur □	ng the la	st 3 years, have yo	u lived anywr	nere otne	er than where	you live now	?		
	Yes. List	all of the places you	ı lived in the la	ıst 3 year	s. Do not incl	ude where you	live now.		
I	Debtor 1:			Dates lived t	Debtor 1	Debtor 2:			Dates Debtor 2 lived there
				iiveu i	nere	☐ Same a	as Debtor 1		Same as Debtor 1
				_		_			_
	Hinesvill Number	e, GA Street		_ From_	08/2010	Number S	treet		From
	N/a			_ To _	10/2013				То
	Hinesvile	e GA	n/a						
,	City	State	ZIP Code	_		City	Sta	ate ZIP Code	
	Debtor 1:			Dates	Debtor 1	Debtor 2:			Dates Debtor 2
				lived t	here				lived there
						☐ Same a	s Debtor 1		☐ Same as Debtor 1
	4215 Hw			_ From_	10/2013	_			From
	Number S	Street		To _	1/2014	Number Si -	treet		To
				_					
	Covingto	on GA State	30016 ZIP Code	_		City	Sta	ate ZIP Code	
	•					•			
		st 8 years, did you property states and t		-				-	•
,		and Wisconsin.)	ermones molu	ue Alizol	ia, CaiiiUIIIIā,	iuario, Louisiai	ia, inevaua, inev	v iviexico, Fueilo i	NOU, TEXAS,
$\overline{\square}$	No	<u>-</u>							
	res. Mak	e sure you fill out S	cnedule H: Yo	ur Codek	otors (Official F	orm 106H).			

Debtor 1	Debtor 1 Kevin William First Name Middle Name		Johnson Last Name	Case nui	mber (if known)		
Part 2	Explain the	e Sources of Y	our Income				
Fill in	n the total amount o	of income you recei	nent or from operating a buved from all jobs and all bus ncome that you receive toge	inesses, including par		endar years?	
	No Yes. Fill in the deta	ails.					
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions	
	nuary 1 of the curr you filed for bankr		✓ Wages, commissions, bonuses, tips✓ Operating a business	\$10,931.75	 Wages, commissions, bonuses, tips ○ Operating a business		
	ast calendar year: 1 to December 31,	2015)	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$28,861.00	☐ Wages, commissions, bonuses, tips☐ Operating a business		
	alendar year before 1 to December 31,		Wages, commissions, bonuses, tips	\$22,754.25	Wages, commissions, bonuses, tips		
January	T to Bootingor or,	YYYY	Operating a business		Operating a business		
Incluuner and Debi	ude income regardle mployment; and oth gambling and lotter tor 1.	ess of whether that er public benefit pa ry winnings. If you a e gross income froi	yments; pensions; rental inc	es of other income are come; interest; dividen ave income that you re	alimony; child support; Socia ds; money collected from law eceived together, list it only c that you listed in line 4.	vsuits; royalties;	

Deb	otor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)				
P	art 3:	1			iled for Bankruptcy				
6.			s or Debtor 2's debts pri		· · ·				
	□ No.		ebtor 1 nor Debtor 2 has	•	ebts. Consumer debts are defined in 11 U.S.C. § 101(8) as household purpose."				
		During the	90 days before you filed	for bankruptcy, did you p	pay any creditor a total of \$6,425* or more?				
	☐ No. Go to line 7.								
	Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.								
		* Subject t	o adjustment on 4/01/19	and every 3 years after t	hat for cases filed on or after the date of adjustment.				
	✓ Yes	. Debtor 1	or Debtor 2 or both have	primarily consumer de	ebts.				
		During the	90 days before you filed	for bankruptcy, did you	pay any creditor a total of \$600 or more?				
	✓ No. Go to line 7.								
				ayments for domestic su	f \$600 or more and the total amount you paid that pport obligations, such as child support and alimony. is bankruptcy case.				
7.	Insiders corporat agent, ir	include your tions of which ncluding one	relatives; any general pa you are an officer, direct	rtners; relatives of any go, person in control, or o	nent on a debt you owed anyone who was an insider? eneral partners; partnerships of which you are a general partner; owner of 20% or more of their voting securities; and any managing 1 U.S.C. § 101. Include payments for domestic support obligations				
	✓ No ☐ Yes	. List all payı	ments to an insider.						
8.		l year before ed an insider	•	y, did you make any pa	yments or transfer any property on account of a debt that				
	Include	payments on	debts guaranteed or cosi	igned by an insider.					
	✓ No ☐ Yes	. List all payı	ments that benefited an ir	nsider.					
Б	o#£ 4.	l Idontifu l	Logal Actions Don	and the	waalaa waa				
_	art 4:		Legal Actions, Repo	•					
9.	List all s	such matters,	-		any lawsuit, court action, or administrative proceeding? ons, divorces, collection suits, paternity actions, support or custody				
	✓ No ☐ Yes	. Fill in the d	etails.						

Deb	tor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)				
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.								
		Go to line 11 Fill in the info	rmation below.						
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?								
	✓ No ☐ Yes	. Fill in the deta	ails.						
12.		-	ou filed for bankruptc ointed receiver, a cust		operty in the possession of an assignee for the benefit of icial?				
	✓ No ☐ Yes								
P	art 5:	List Certai	n Gifts and Contr	ibutions					
13.	Within 2	2 years before	you filed for bankrupt	cy, did you give any	gifts with a total value of more than \$600 per person?				
	✓ No ☐ Yes	. Fill in the deta	ails for each gift.						
14.	Within 2 to any o	-	you filed for bankrupt	cy, did you give any	gifts or contributions with a total value of more than \$600				
	✓ No ☐ Yes	. Fill in the deta	ails for each gift or cont	ribution.					
Pa	art 6:	List Certai	n Losses						
15.		l year before y saster, or gam		y or since you filed f	or bankruptcy, did you lose anything because of theft, fire,				
	✓ No ☐ Yes	. Fill in the deta	ails.						
Pa	art 7:	List Certai	n Payments or Tra	ansfers					
16.	anyone	you consulted	about seeking bankri	uptcy or preparing a					
		any attorneys, b	pankruptcy petition prep	parers, or credit couns	eling agencies for services required for your bankruptcy.				
	✓ No ☐ Yes	. Fill in the deta	ails.						

Deb	_	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)
17.	anyone v	who promised to	-	your creditors or to m	lse acting on your behalf pay or transfer any property to lake payments to your creditors?
	✓ No ☐ Yes.	Fill in the details.			
18.			•	cy, did you sell, trade, of your business or fin	or otherwise transfer any property to anyone, other than nancial affairs?
		•		ade as security (such as e already listed on this s	s granting of a security interest or mortgage on your property). statement.
	✓ No ☐ Yes.	Fill in the details.			
19.		•		otcy, did you transfer a illed asset-protection dev	ny property to a self-settled trust or similar device of which vices.)
	✓ No ☐ Yes.	Fill in the details.			
P	art 8:	List Certain	Financial Accou	unts, Instruments,	Safe Deposit Boxes, and Storage Units
20.			filed for bankruptc	•	ccounts or instruments held in your name, or for your
	Include c	hecking, savings,	money market, or o		certificates of deposit; shares in banks, credit unions, brokerage linstitutions.
	✓ No ☐ Yes.	Fill in the details.			
21.	-	now have, or did rities, cash, or ot	•	year before you filed fo	or bankruptcy, any safe deposit box or other depository
	✓ No ☐ Yes.	Fill in the details.			
22.	Have you ✓ No	u stored property	in a storage unit o	or place other than you	r home within 1 year before you filed for bankruptcy?
		Fill in the details.			
P	art 9:	Identify Prop	erty You Hold	or Control for Som	eone Else
23.	-	nold or control ar n trust for some		meone else owns? Inc	clude any property you borrowed from, are storing for,
	✓ No ☐ Yes.	Fill in the details.			

Deb	tor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)
	- 1 10	-			
	art 10:		ails About Environ		1
For	the pur	pose of Part 1	0, the following definiti	ons apply:	
h	nazardo	us or toxic su	bstance, wastes, or ma	terial into the air, land	ulation concerning pollution, contamination, releases of , soil, surface water, groundwater, or other medium, ubstances, wastes, or material.
		-	on, facility, or property n, operate, or utilize it,		environmental law, whether you now own, operate, or es.
			neans anything an envir s material, pollutant, co		as a hazardous waste, hazardous substance, toxic tem.
Rep	ort all n	otices, releas	es, and proceedings th	at you know about, re	gardless of when they occurred.
24.	Has an law?	y governmen	tal unit notified you tha	t you may be liable or	potentially liable under or in violation of an environmental
	✓ No	s. Fill in the de	etails.		
25.	-		y governmental unit of	any release of hazard	ous material?
	✓ No	s. Fill in the de	etails.		
26.	Have y orders	•	ty in any judicial or adı	ministrative proceedin	g under any environmental law? Include settlements and
	✓ No ☐ Ye	s. Fill in the de	etails.		
Pá	art 11:	Give Det	ails About Your Bu	siness or Connect	tions to Any Business
27.	Within busine	-	e you filed for bankrup	tcy, did you own a bus	iness or have any of the following connections to any
		A member o A partner in An officer, d	ietor or self-employed in f a limited liability compa a partnership irector, or managing exeat least 5% of the voting	any (LLC) or limited liabi	
			above applies. Go to Pa at apply above and fill in		ach business.
28.		-	e you filed for bankrupt ons, creditors, or other		ncial statement to anyone about your business? Include
	□ No	s. Fill in the de	etails below.		

Debtor 1	Kevin	William	Johnson	Case number (if known)		
	First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·		
Part 12	Sign Below	v				
that answ property b	ers are true and only fraud in conne	correct. I understand	that making a false state	tachments, and I declare under penalty of perjury ment, concealing property, or obtaining money or s up to \$250,000, or imprisonment for up to 20 years,		
X /s/ Ke	vin William Johi	nson	x			
Kevin V	William Johnson, D	Debtor 1	Signature of Debt	tor 2		
Date	05/04/2016		Date			
Did you at	ttach additional p	ages to Your Stateme	nt of Financial Affairs for	Individuals Filing for Bankruptcy (Official Form 107)?		
✓ No ☐ Yes						
Did you pa	ay or agree to pay	y someone who is not	an attorney to help you	fill out bankruptcy forms?		
☑ No						
_	Name of person			Attach the Bankruptcy Petition Preparer's Notice,		
_	_			Declaration, and Signature (Official Form 119).		

Fill in this inf	ormation to id	lentify your case	and this filing:		
Debtor 1	Kevin	William	Johnson		
Daktano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for	the: NORTHERN D	ISTRICT OF GEORGIA		
Case number (if known)				☐ Check	if this is an
(II KIIOWII)				amend	ed filing
Official Form	106A/B				
Schedule A	B: Property	,			12/15
filing together, bo sheet to this form	th are equally res . On the top of a	sponsible for supply ny additional pages,	Be as complete and accurate as a ling correct information. If more write your name and case numbers, Land, or Other Real Es	space is needed, attach a space is needed, attach a space (if known). Answer eve	separate ry question.
✓ No. Go	or have any legal to Part 2. nere is the property	•	t in any residence, building, land	d, or similar property?	
	•	-	of your entries from Part 1, inclinite that number here		\$0.00
Part 2: De	scribe Your Ve	ehicles			
		•	n any vehicles, whether they are also report it on Schedule G: Exec	_	-
3. Cars, vans, to	rucks, tractors, s	port utility vehicles,	motorcycles		
□ No ☑ Yes					
3.1. Make: Model:		Check on	an interest in the property? e. or 1 only or 2 only	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the	ms on Schedule D:
Year:			or 1 and Debtor 2 only	entire property?	portion you own?
Approximate milea Other information:	ge:	At lea	st one of the debtors and another	\$4,000.00	\$4,000.00
2000 Bmw Z3 Home		—	k if this is community property nstructions)		
4. Watercraft, a	•	•	recreational vehicles, other veh	•	
✓ No ☐ Yes			, , , , , ,	•	
	•	-	of your entries from Part 2, incli		\$4,000.00

Official Form 106A/B Schedule A/B: Property page 1

Case 16-58619-lrc Doc 1 Filed 05/16/16 Entered 05/16/16 20:18:24 Desc Main Document Page 17 of 54

William Debtor 1 Kevin Johnson Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No \$2,800.00 Yes. Describe..... See continuation page(s). **Electronics** Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games **☑** No Yes. Describe..... Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **☑** No ☐ Yes. Describe..... **Equipment for sports and hobbies** Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **☑** No Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment **☑** No Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No \$500.00 Yes. Describe..... Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver **☑** No Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No Yes. Describe..... See continuation page(s). \$0.00 14. Any other personal and household items you did not already list, including any health aids you did not list $\overline{\mathbf{Q}}$ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have \$3,300.00 attached for Part 3. Write the number here.....

Deb	tor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)	
P	art 4:	1	our Financial A			
Do	you own	or have any le	gal or equitable inte	erest in any of the following	1?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you h	nave in your wallet, i	n your home, in a safe depos	sit box, and on hand when you file your	
	□ No ✓ Yes				Cash:	\$983.00
17.	7. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.					
	☐ No ✓ Yes		Institu	ition name:		
	17.	1. Checking		king Account-Average bed Bank	palance	\$30.00
18.	Example No	es: Bond funds,	or publicly traded s investment account Institution or iss	s with brokerage firms, mone	ey market accounts	
19.	Non-pu	blicly traded st	ock and interests in	n incorporated and unincor	porated businesses, including	
	✓ No ☐ Yes	. Give specific rmation about m	partnership, and joi	nt venture	% of ownership:	
20.	Negotia	ble instruments	include personal che	ner negotiable and non-negocks, cashiers' checks, promannot transfer to someone by	issory notes, and money orders.	
	info	. Give specific rmation about m	Issuer name:			
21.		nent or pension es: Interests in l profit-sharin	IRA, ERISA, Keogh,	401(k), 403(b), thrift savings	accounts, or other pension or	
	_	. List each ount separately.	Type of account:	Institution name:		
22.	Your sh Example		d deposits you have		nue service or use from a company ric, gas, water), telecommunications	
	✓ No ☐ Yes			Institution name or individ	ual:	
23.	Annuiti No Yes		or a specific periodic		either for life or for a number of years)	

Debtor	1 Kevin	William	Johnson	Case number (if k	nown)	
	First Name	Middle Name	Last Name			
26	6 U.S.C. §§ 530(b)(1)	ion IRA, in an accoun , 529A(b), and 529(b)(1		ram, or under a qualified s	tate tuition progr	am.
	No Ves	Institution name a	and description Separately	file the records of any interes	sete 11 IISC 8	521(c)
_	=			listed in line 1), and rights		32 I (G)
	owers exercisable fo		erty (other than anything	iisted iii iiile 1), alid rigiits	OI .	
[⊽		•				
ř	Yes. Give specific					
_	information about t	hem				
		•	ets, and other intellectual proceeds from royalties and	• • •		
v	7 No					
	information about t	nem				
		and other general into		Lat.Page Page Page and and	. (
	,	rmits, exclusive license	s, cooperative association	holdings, liquor licenses, pro	ofessional licenses	5
	No Give specific					
L	Yes. Give specific information about t				_	
Money	or property owed to	2 40112			C	urrent value of the
woney	or property owed to	o you?				ortion you own?
					•	o not deduct secured
					cla	aims or exemptions.
20 T	av vaforada avrad ta v					
28. 1	ax refunds owed to y	you				
v	N o					
	Yes. Give specific				Federal:	\$0.00
	about them, includi you already filed th	•			State:	\$0.00
	and the tax years				L cool:	\$0.00
	·				Local:	\$0.00
	amily support					
_	i	lump sum alimony, sp	ousal support, child suppor	t, maintenance, divorce settl	ement, property se	ettlement
Y	☑ No ☑ Yes. Give specific	information		Λlim	ony:	\$0.00
L	Tres. Give specific	Illomation		Allili		·
				Mair	ntenance:	\$0.00
				Sup	port:	\$0.00
				Divo	orce settlement:	\$0.00
				Prop	perty settlement:	\$0.00
30. O	ther amounts some	one owes vou				
	xamples: Unpaid wag	ges, disability insurance	payments, disability benef nefits; unpaid loans you ma	its, sick pay, vacation pay, w de to someone else	orkers'	
v						
	Yes. Give specific	information			_	
	nterests in insurance ixamples: Health, disa	•	health savings account (H	SA); credit, homeowner's, or	renter's insurance	e
V	7 No					
Ė	_ ,, ,, ,, ,, ,	urance				
	company of each p			D ""	_	
	and list its value	Company na	me:	Beneficiary:	Surre	nder or refund value:

Deb	tor 1 Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)	
32.	Any interest in proper	ty that is due you fron	n someone who has died	rance policy, or are currently	
	entitled to receive prop				
	✓ No✓ Yes. Give specific	information			
33.			you have filed a lawsuit on surance claims, or rights t	or made a demand for payment o sue	
	✓ No✓ Yes. Describe each	h claim			
34.	Other contingent and rights to set off claims	•	f every nature, including	counterclaims of the debtor and	
	✓ No✓ Yes. Describe each	h claim			
35.	Any financial assets y	ou did not already list	1		
	✓ No Yes. Give specific	information			
36.				entries for pages you have	\$1,013.00
Pa	art 5: Describe Ar	y Business-Relate	ed Property You Owr	n or Have an Interest In. List any	real estate in Part 1
37	Do you own or have a	ny legal or equitable i	nterest in any business-re	elated property?	
.	•	y logal of oquitable :	moreon in any baomico i	olatoa proporty :	
	No. Go to Part 6. Yes. Go to line 38				
					Current value of the portion you own? Do not deduct secured
38.	Accounts receivable	or commissions you a	ready earned		claims or exemptions.
	✓ No ☐ Yes. Describe				
39.	•			iers, fax machines, rugs, telephones,	
	✓ No ☐ Yes. Describe				
40.	Machinery, fixtures, e	quipment, supplies yo	ou use in business, and to	ools of your trade	
	✓ No Yes. Describe				
41.	Inventory				
	✓ No ☐ Yes. Describe				
42.	Interests in partnersh	ips or joint ventures			
	✓ No				
	Yes. Describe	Name of entity:		% of ownership:	

Deb	tor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)	
43.	Custon	ner lists, mailing lis	sts, or other compi	lations		
	▼ No Yes	s. Do your lists inc No Yes. Describ		entifiable information (as	s defined in 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related prop	perty you did not a	Iready list		
	✓ No ☐ Yes	s. Give specific info	rmation.			
45.				m Part 5, including any o	entries for pages you have	\$0.00
Pa				mercial Fishing-Rela farmland, list it in Part	ited Property You Own or Have a 1.	n Interest In.
46.	Do you	own or have any lo	egal or equitable in	nterest in any farm- or co	mmercial fishing-related property?	
		Go to Part 7. Go to line 47.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a Example	nimals /es: Livestock, poult	ry, farm-raised fish			
	✓ No ☐ Yes	S				
48.	Crops-	either growing or l	narvested			
		s. Give specific				
49.	Farm a	nd fishing equipme	ent, implements, m	achinery, fixtures, and to	ools of trade	
	✓ No ☐ Yes	S				
50.	Farm a	nd fishing supplies	, chemicals, and f	eed		
	✓ No ☐ Yes	S				
51.	Any far	m- and commercia	l fishing-related pı	operty you did not alrea	dy list	
		s. Give specific				
52.	Add the	e dollar value of all ed for Part 6. Write	of your entries fro that number here.	m Part 6, including any	entries for pages you have	\$0.00
Pa	art 7:	Describe All Pro	operty You Ow	n or Have an Interes	t in That You Did Not List Above	
53.	-	have other proper les: Season tickets,		did not already list? ership		
	✓ No	s. Give specific info	rmation.			

Official Form 106A/B Schedule A/B: Property page 6

Debtor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case n	umber (if known) _		
54. Add	d the dollar value o	f all of your entries fro	om Part 7. Write	that number here		→	\$0.00
Part 8	List the Tota	als of Each Part of	this Form				
55. Par	t 1: Total real estat	te, line 2				. →	\$0.00
56. Par	t 2: Total vehicles,	line 5		\$4,000.00			
57. Par	t 3: Total personal	and household items,	line 15	\$3,300.00			
58. Par	t 4: Total financial	assets, line 36		\$1,013.00			
59. Par	t 5: Total business	-related property, line	45	\$0.00			
60. Par	t 6: Total farm- and	d fishing-related prope	rty, line 52	\$0.00			
61. Par	t 7: Total other pro	perty not listed, line 5	4	+ \$0.00			
62. Tot	al personal proper	ty. Add lines 56 throu	gh 61	\$8,313.00	Copy personal property total	> +	\$8,313.00
63. Tot	al of all property o	n Schedule A/B. Ad	d line 55 + line 62				\$8,313.00

Official Form 106A/B Schedule A/B: Property page 7

Debto	r 1 Kevin	William	Johnson	Case number (if known)	Case number (if known)		
	First Name	Middle Name	Last Name	· , , —			
6. <u>F</u>	lousehold goods and						
N	Mattress			-	\$1,800.00		
N	liscellenaeous Hou	usehold goods and a	appliances	-	\$1,000.00		
13. <u>N</u>	Ion-farm animals (det	ails):					
	Oog			_	\$0.00		
C	Cat			_	\$0.00		

Fill in this inf	ormation to ic	lentify your	case:					
Debtor 1	Kevin	William	Johnson					
Debtor 2	First Name	Middle Name	e Last Name					
(Spouse, if filing)	First Name	Middle Name	E Last Name					
United States Ba	nkruptcy Court for	the: NORTHE	RN DISTRICT OF C	<u>SEO</u>	RGIA		☐ Check if this is an	
Case number (if known)							amended filing	
Official Form	106C							
Schedule C	: The Prope	rty You Cl	aim as Exemp	t				04/16
Using the property	you listed on Schill out and attach to	edule A/B: Prop o this page as m	erty (Official Form 106	SA/B)	as your sou	urce, list the	esponsible for supplying correct infor e property that you claim as exempt. ssary. On the top of any additional p	If more
is to state a speci exempted up to the receive certain be exemption of 100° property is determ	fic dollar amount ne amount of any enefits, and tax-en % of fair market we nined to exceed t	as exempt. Al applicable stat cempt retirement value under a la hat amount, yo	ternatively, you may cutory limit. Some ex nt fundsmay be unl	claii emp imite mpti	n the full fa tionssuch ed in dollar a on to a part	ir market van as those the as those the amount. His icular doll	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an ar amount and the value of the le statutory amount.	
		•	•					
	exemptions are y	_	Check one only,		,	Ū	with you.	
	claiming state and claiming federal e		kruptcy exemptions. J.S.C. § 522(b)(2)	110	.S.C. § 522(I	D)(3)		
_			at you claim as exen	ant f	ill in the inf	ormation I	holow	
			•	•		Offication		
Schedule A/B that			Current value of the portion you own		ount of the mption you	claim	Specific laws that allow exempti	on
			Copy the value from Schedule A/B		eck only one h exemption			
Brief description:			\$1,800.00	$\overline{\mathbf{Q}}$	\$1,80	0.00	O.C.G.A. § 44-13-100(a)(4)	
Mattress					100% of fa			
Line from Schedule	e A/B: 6				value, up to applicable limit	•		
Brief description:			\$1,000.00	$\overline{\mathbf{Q}}$	\$1,00	0.00	O.C.G.A. § 44-13-100(a)(4)	
Miscellenaeous	Household god	ods and			100% of fa			
appliances Line from Schedule	e A/B: 6				value, up to applicable limit	-		
-	-	-	more than \$160,375? years after that for cas		led on or afte	er the date	of adjustment.)	
✓ No Yes. Dic No Yese		property covered	I by the exemption with	hin 1	,215 days be	efore you fi	led this case?	

Debtor 1	Kevin	William	Johnson	Case number (if known)			
Part 2:	First Name Additiona	Middle Name	Last Name				
	iption of the pr /B that lists th	operty and line on is property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption		
			Copy the value from Schedule A/B	Check only one box for each exemption			
Brief description: Clothing Line from Schedule A/B:11			\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(4)		
	otion: me Tax refun chedule A/B:	d 16	\$983.00	\$983.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)		
United Bar	Account-Ave	rage balance	\$30.00	\$30.00 100% of fair market value, up to any applicable statutory limit	O.C.G.A. § 44-13-100(a)(6)		

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE: Kevin William Johnson CASE NO

CHAPTER 7

TOTALS BY EXEMPTION LAW

Exemption Law	Husband	Wife	Joint	Community	N/A	Exemption Total	Market Value Total
O.C.G.A. § 44-13-100(a)(4)	\$0.00	\$0.00	\$3,300.00	\$0.00	\$0.00	\$3,300.00	\$3,300.00
O.C.G.A. § 44-13-100(a)(6)	\$0.00	\$0.00	\$1,013.00	\$0.00	\$0.00	\$1,013.00	\$1,013.00

Fill in Abia inf		i dantifu			1		
Debtor 1	Kevin	identify your William	Johnson				
Debtor 1	First Name	Middle Nam					
Debtor 2 (Spouse, if filing)	First Name	Middle Nam	ne Last Name				
		for the: NORTHE	ERN DISTRICT OF GE	ORGIA			
Case number	initiapitoy Court	ioi dic. <u>itoitiile</u>	ENTERIOR OF CE	OKOIA			
(if known)				_		Check if this i amended filin	
Official Form	106D				•		
Schedule D:	Creditor	s Who Have	Claims Secure	d by Pro	perty		12/15
No. Chec ✓ Yes. Fill Part 1: Lis	ck this box and in all of the info	ormation below.	ur property? to the court with your othe	er schedules.	You have not	hing else to report on th	nis form.
creditor has a	particular clain ible, list the cla	n, list the other cre	n. If more than one ditors in Part 2. As all order according to the	Do no	nn A unt of claim of deduct the of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1			ibe the property that es the claim:		\$1,302.00	\$500.00	\$802.00
SYNCB_Haverty	/s	Mattre					
P.O.Box 965036 Number Street							
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim relates to a community debt As of the date you file, the claim is: Check all that apply. Check all that apply. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Credit Card							
Date debt was inc	urred <u>3/2/20</u>	015 Last 4	digits of account numb	er <u>x</u>	<u>x x x</u>		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,302.00

Debtor 1 Kevin William First Name Middle Na		_ Case number (if	known)	
Additional Page Part 1: After listing any entries on sequentially from the prev	this page, number them	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2 United Bank	Describe the property that secures the claim:	\$4,500.00	\$4,000.00	\$500.00
Creditor's name 685 Griffin Street Number Street	- 2000 BMW Z3 -			
Zebulon GA 30295 City State ZIP Code Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another □ Check if this claim relates to a community debt	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, m Judgment lien from a lawsuit Other (including a right to offset) Car Loan	s mortgage or secured	car loan)	
Date debt was incurred 08/2014	_ Last 4 digits of account number			
Car is not running.				

Add the dollar value of your entries in Column A on this page. Write that number here:

\$4,500.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$5,802.00

Debtor 1	Kevin	William	Johnson	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	List Other	s to Be Notified for	a Debt That You	Already Listed	
example, i then list th	if a collection age ne collection age ditional creditors	ency is trying to collect ncy here. Similarly, if y	from you for a debt you have more than o	tcy for a debt that you already listed in Part 1. For ou owe to someone else, list the creditor in Part 1, and ne creditor for any of the debts that you listed in Part 1, to be notified for any debts in Part 1, do not fill out or	
	nited Bank			On which line in Part 1 did you enter the creditor?	2.2
	Name P.O. Box 360			Last 4 digits of account number <u>X X X X</u>	
Nu 	umber Street			_	
	arnesville	GA		_	
Cit	ty	Star	te ZIP Code		

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Fill in this in	formation to i	dentify your case	:				
Debtor 1	Kevin First Name	William Middle Name	Johnson Last Name				
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA							
Case number (if known)					Check if this is an amended filing		

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1.	Do any	creditors h	ave priority	unsecured	claims	against yo	u?
----	--------	-------------	--------------	-----------	--------	------------	----

	No. Go to Part 2
П	Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

uoi	ion bookiot.		
	Total claim	Priority	Nonpriority
		amount	amount

Debtor 1	Kevin	William	Johnson	Case number (if known)
	First Name	Middle Name	Last Name	
Part 2:	List All of	Your NONPRIORI	TY Unsecured Clai	ims
3. Do an	v creditors have	nonnriority unsecure	ed claims against you?	3
	•			the court with you other schedules.
	'es	g to report in the pa		
4. List al	II of your nonpri	ority unsecured claim	s in the alphabetical or	order of the creditor who holds each claim.
		• •	·	reditor separately for each claim. For each claim listed, identify what
		•		re than one creditor holds a particular claim, list the other creditors in out the Continuation Page of Part 2.
				Total claim
4.1				\$6,012.00
Chase Ca	ırd		Last 4 digits of acco	
Nonpriority C P.O. 1529	reditor's Name		When was the debt	
Number	Street		As of the date you f	file, the claim is: Check all that apply.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		DE 40050 5000	Disputed	
Wilmingto City		DE 19850-5298 State ZIP Code	Type of NONPRIOR	RITY unsecured claim:
		Check one.	Student loans	The second of th
✓ Debtor Debtor	•			sing out of a separation agreement or divorce
	1 and Debtor 2 o	nly		t report as priority claims on or profit-sharing plans, and other similar debts
At leas	t one of the debto	ors and another	Other. Specify	,
_		or a community debt	Credit Cards	
Is the clain	n subject to offs	et?		
Yes				
4.2				#40.000.40
	ion Loan Sour	ce.	Last 4 digits of acco	\$13,039.18
Nonpriority C	reditor's Name	 	When was the debt	<u> </u>
P.O. Box Number	105388 Street		As of the date you f	ifile, the claim is: Check all that apply.
			Contingent	
			UnliquidatedDisputed	
Atlanta City		GA 30348 State ZIP Code	_ _ .	
•	red the debt?	Check one.		RITY unsecured claim:
☑ Debtor	•		Student loans Obligations arisi	sing out of a separation agreement or divorce
Debtor	2 only 1 and Debtor 2 o	nlv	that you did not	t report as priority claims
	t one of the debto		☐ Debts to pension ☐ Other. Specify	on or profit-sharing plans, and other similar debts
Check	if this claim is fo	or a community debt	· ·	2014 Jeep Wrangler
	n subject to offs	et?	-	
✓ No ☐ Yes				
— Т				

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William Debtor 1 Kevin Johnson Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the Total claim previous page. 4.3 \$5,144.00 **Discover Financial Services** Last 4 digits of account number <u>x x x x</u> Nonpriority Creditor's Name When was the debt incurred? 10/07/2012 P.O. Box 15316 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated ☐ Disputed Wilmington 19850-5316 DE State ZIP Code City Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Credit Cards** Is the claim subject to offset? **☑** No ☐ Yes \$3,602.00 **Navy Federal Credit Union** Last 4 digits of account number \mathbf{X} \mathbf{X} \mathbf{X} \mathbf{X} Nonpriority Creditor's Name When was the debt incurred? 11/13/2012 P.O. Box 3700 Street As of the date you file, the claim is: Check all that apply. Number ☐ Contingent Unliquidated Disputed Merrifield **VA** 22119 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Personal Loan** Is the claim subject to offset? **☑** No ☐ Yes

Case number (if known)

Johnson

Last Name

Part 3: List C	Others to B	e Notified Al	bout a Debt That You Already Listed
For example, if a creditor in Parts	a collection a s 1 or 2, then l isted in Parts	gency is trying ist the collection 1 or 2, list the a	notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. to collect from you for a debt you owe to someone else, list the original on agency here. Similarly, if you have more than one creditor for any of the additional creditors here. If you do not have additional parties to be notified for ubmit this page.
Credit Union Loan	Source		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 1669 Phoenox Par	kway		Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street Suite 110	Kway		Part 2: Creditors with Nonpriority Unsecured Claims
College Park	GA State	30349 ZIP Code	Last 4 digits of account number 6 x x x

Kevin

First Name

Debtor 1

William

Middle Name

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Debtor 1	Kevin	William	Johnson	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.00
nom Fait i	6b.	Taxes and certain other debts you owe the government	6b. \$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. +\$0.00
	6e.	Total. Add lines 6a through 6d.	6d. \$0.00
			Total claim
Total claims from Part 2	6f.	Student loans	6f. \$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts		6h. \$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$27,797.18
	6j.	Total. Add lines 6f through 6i.	6j. \$27,797.18

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Fill in this inf	ormation to i			
Debtor 1	Kevin First Name	William Middle Name	Johnson Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF GEORGIA	
Case number (if known)				Check if this i

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
 is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill	in this inf	ormation to	identify your case:							
Debt	tor 1	Kevin First Name	William Middle Name	Johnson Last Name						
Debt	tor 2	riiotriamo	Middle Hame	Last Name						
	ouse, if filing)	First Name	Middle Name	Last Name						
Unite	ed States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF GEORG	SIA					
	e number nown)				Check if this is an amended filing					
Offic	cial Form	106H								
		: Your Cod	lebtors				12/1			
two m	narried peop ed, copy the	le are filing tog Additional Pag	ether, both are equally	responsible for supp r the entries in the bo	lying correct info	elete and accurate as possible. If more space is Attach the Additional Page to the Wer every question.				
	o you have ☐ No ☑ Yes	any codebtors?	? (If you are filing a joi	nt case, do not list eith	er spouse as a co	debtor.)				
	2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)									
<u> </u>	No. Got Yes. Did No No Yes	d your spouse, fo	ormer spouse, or legal e	quivalent live with you a	at the time?					
p c	erson show reditor on S	n in line 2 agair Schedule D (Offi	n as a codebtor only if	that person is a guara dule E/F (Official Forn	intor or cosigner	spouse is filing with you. List . Make sure you have listed th nedule G (Official Form 106G).	е			
	Column 1:	olumn 1: Your codebtor				Column 2: The creditor to whom you owe the debt				
					Check al	schedules that apply:				
3.1	Michelle	Johnson			— Cab	adula D. lina				
	Name				ين ا	edule D, line 2.2				
	Number	Street			_	edule E/F, line				
					— ⊔ ^{Scn} United I	edule G, line Bank				
	City		State	ZIP Code						
3.2		, Michelle Lyn	n		— √ Sch	edule D, line 2.2				
	Name 4207 Hw	y 212				edule E/F, line				
	Number	Street				·				
	Covingta	n .	CA	30016	— ⊔ ^{Scn} United I	edule G, line Bank				
	Covingto	711	GA State	ZIP Code						

Debtor 1	Kevin	William	Joh	nnson	Case number (if known)			
	First Name	Middle Name		Name				
	Additional	Page to List More	e Codel	otors				
C	olumn 1: Your co	debtor			Column 2: The creditor to whom you owe the debt			
					Check all schedules that apply:			
ı ö.ö ı <u>—</u>	ohnson, Michell	e Lynn			Schedule D, line			
42	207 Hwy 212 umber Street				Schedule E/F, line 1			
					Schedule G, line			
С	ovington	C	βA	30016	United Bank			
Ci	ty	S	tate	ZIP Code				

Fill in this inforn	nation to ic	lentify your case:					
Debtor 1	Kevin	William	Johnson	1			
2 52.6.	First Name	Middle Name	Last Name			— Che	eck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			_ _	An amended filing
United States Bank			DISTRICT OF G	FOR	GIΔ		A supplement showing postpetition
Case number	irupicy Court it	in the. <u>Itorrinant</u>	<u> </u>		<u> </u>	_	chapter 13 income as of the following date
(if known)				_			MM / DD / YYYY
Official Form 10	<u> </u>						
Schedule I: Yo	our Incom	ie					12/1
about your spouse. I your name and case	f more space	is needed, attach a se own). Answer every q	eparate sheet to th				ou, do not include information any additional pages, write
 Fill in your emploinformation. 	oyment		Debtor 1				Debtor 2 or non-filing spouse
If you have more job, attach a sepa		Employment status	Employed				Employed
with information a		Employment status	☐ Not employ	ed			Not employed
additional employ	ers.	Occupation	Laborer				N/a
Include part-time, or self-employed		Employer's name	Immec Inc.				N/a
Occupation may i		Employer's address	351 Ronthor D	r			N/a
student or homen applies.	naker, if it		Number Street				Number Street
							N/a , GA n/a
			Social Circle		GA :	30025	
			City			ip Code	City State Zip Code
		How long employed th	here? 10 mor	iths			
Part 2: Give I	DOFOUR AND	ut Monthly Income	Δ				
	Details Abo	dt Monthly mooni					
	ome as of the	date you file this forn		ning to	report fo	or any line	e, write \$0 in the space. Include your
non-filing spouse unles	ome as of the ss you are sep g spouse have	e date you file this form arated. more than one employe	n. If you have noth	_			e, write \$0 in the space. Include your
non-filing spouse unles	ome as of the ss you are sep g spouse have	e date you file this form arated. more than one employe	n. If you have noth	_		l employe	
non-filing spouse unless If you or your non-filing you need more space, 2. List monthly gro	ome as of the ss you are sep g spouse have attach a sepa	e date you file this form arated. more than one employe	n. If you have noth er, combine the info	_	on for a	l employe	rs for that person on the lines below. If
non-filing spouse unles If you or your non-filing you need more space, 2. List monthly gro payroll deductions	ome as of the ss you are sep g spouse have attach a sepa ss wages, sa s). If not paid	e date you file this form arated. more than one employer rate sheet to this form.	n. If you have noth er, combine the info	ormati	For De	l employe	For Debtor 2 or non-filing spouse

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Kevin	William	Johnson		Case nu	umber (if known)		
		First Name	Middle Name	Last Name						
					Fo	or Debtor 1		Debtor 2 or		
					_		_ nor	n-filing spouse	_	
	Сор	y line 4 here		······ →	4.	\$3,206.67	_	\$0.00		
5.	List	all payroll deduc	tions:							
	5a.	Tax, Medicare, a	and Social Security de	eductions	5a.	\$638.65	_	\$0.00		
	5b.	Mandatory contr	ributions for retireme	nt plans	5b	\$0.00		\$0.00		
	5c.	Voluntary contri	butions for retiremen	t plans	5c.	\$0.00		\$0.00		
	5d.	Required repayr	ments of retirement fu	ınd loans	5d.	\$0.00		\$0.00		
	5e.	Insurance			5e.	\$61.06	· ·	\$0.00		
	5f.	Domestic suppo	ort obligations		5f	\$0.00	_	\$0.00		
	5g.	Union dues	J		5g.	\$0.00	_	\$0.00		
	_	Other deduction	ıs.		- 3 _		_	· ·		
	0	Specify: N/a			5h. +	\$0.00	_	\$0.00		
6.	Add 5g +	the payroll dedu	ctions. Add lines 5a	a + 5b + 5c + 5d + 5e + 5f +	6.	\$699.71	_	\$0.00		
7.	Calc	culate total month	nly take-home pay.	Subtract line 6 from line 4.	7.	\$2,506.96		\$0.00		
8.	List	all other income	regularly received:		-					
	8a.	Net income from	rental property and	from operating a	8a.	\$0.00		\$0.00		
		business, profes		,	-	40.00	_	40.00		
				d business showing business expenses, and						
	8b.	Interest and divi	dends		8b.	\$0.00		\$0.00		
	8c.	Family support	payments that you, a	non-filing spouse, or a	8c.	\$0.00	_	\$0.00		
		dependent regul			-		_	· ·		
		•	spousal support, child nt, and property settlen	support, maintenance, nent.						
	8d.	Unemployment	compensation		8d.	\$0.00		\$0.00		
	8e.	Social Security			8e.	\$0.00	_	\$0.00		
	8f.	•	ent assistance that yo	u regularly receive	-	Ψ0.00	_	ψο.σσ		
		Include cash ass cash assistance (benefits under the or housing subside	istance and the value (that you receive, such ne Supplemental Nutrit	(if known) or any non-						
		Specify:			8f	\$0.00	_	\$0.00		
	8g.	Pension or retire	ement income		8g.	\$0.00	_	\$0.00		
	8h.	Other monthly in	ncome.		0.1					
		Specify: See co	ontinuation sheet		8h.+	\$0.00	_	\$0.00		
9.	Add	all other income	. Add lines 8a + 8b +	8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00		\$0.00		
10.			come. Add line 7 + lir 10 for Debtor 1 and De	ne 9. ebtor 2 or non-filing spouse.	10.	\$2,506.96]+[_	\$0.00	=	\$2,506.96
11.	Inclu			expenses that you list in Soner, members of your househ			our roon	nmates, and oth	ier	
	Do r	not include any am	nounts already included	d in lines 2-10 or amounts that	are not	available to pay	expen	ses listed in Sch	nedu	le J.
	Spe	cifv:						11.	+	\$0.00
	Opc	ony							· _	
12.	inco			10 to the amount in line 11. of Your Assets and Liabilities					_	\$2,506.96 ombined onthly income
13.	Doy	ou expect an inc	rease or decrease wi	thin the year after you file th	nis form	?				
		No. Yes. Explain:	one.							

Debtor 1	Kevin	William	Johnson		Case nun	nber (if known)
	First Name	Middle Name	Last Name			
					For Debtor 1	For Debtor 2 or
8h. Oth	er Monthly Income	(details)				non-filing spouse
N/a	1			-	\$0.00	\$0.00
N/a	ı				\$0.00	<u> </u>
			Tot	als:	\$0.00	\$0.00

Official Form 106I Schedule I: Your Income page 3

F	ill in this inforn	nation to iden	tify your case:			Che	eck if this	ie:		
	Debtor 1	Kevin	William	John	son			nded filing		
		First Name	Middle Name	Last N	ame			ement showing		
ı	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last N	ame	-	chapter followin	13 expenses a g date:	as of the	
	.,									
	United States Bank Case number	rupicy Court for th	e: NORTHERN DIS	SIRICI O	r GEORGIA	-	MM / DI	D / YYYY		
	(if known)									
<u>Of</u>	ficial Form 10	<u> 06J</u>								
Sc	chedule J: Yo	our Expens	es							12/15
cor	rect information.	If more space is r	ble. If two married peneeded, attach anothenswer every question.	r sheet to						
Р	art 1: Descr	ibe Your Hous	sehold							
1.	Is this a joint cas	se?								
2	No □ Ye	Debtor 2 live in a s. Debtor 2 must	separate household?	2, Expense	s for Separate Hous	ehold o	f Debtor 2	2.		
2.	Do you have dep	<u> </u>] No 1 Yes. Fill out this inf	ormation	Dependent's rela		p to	Dependent's	Does depe	
	Do not list Debtor Debtor 2.	1 and	for each dependent		Debtor 1 or Debto	or 2		age	_ <u>live with y</u> ☐ No	ou?
	Do not state the d	an an dantal			Spouse			40	- ☑ Yes	
	Do not state the d names.	ependents							No Voc	
									− □ Yes □ No	
									− ☐ Yes	
									□ No □ Yes	
									☐ No	
									−	
3.	Do your expense expenses of peo yourself and you	ple other than	☑ No ☐ Yes							
			oing Monthly Expension		are using this form	26.2.611	nnlomon	at in a Chapter	12 0200	
to r		of a date after th	ne bankruptcy is filed.	-	-			-		
			sh government assist on Schedule I: Your Ir	-				Your expen	ses	
4.	Include first mortg	gage payments and	penses for your resid d any rent for the grour				4	l	\$40	00.00
	If not included in	line 4:								
	4a. Real estate t	axes					4	ła		
	4b. Property, hor	meowner's, or rent	er's insurance				4	łb	\$	0.00
	4c. Home mainte	enance, repair, an	d upkeep expenses				4	lc	\$	00.00
	4d. Homeowner's	s association or co	ondominium dues				4	ld		

Debtor 1 Kevin William Johnson Case number (if known)
First Name Middle Name Last Name

	Your expe	nses
 Additional mortgage payments for your residence, such as home equity loans 	5.	
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$100.00
6b. Water, sewer, garbage collection	6b	\$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$160.00
6d. Other. Specify: N/a	6d.	\$0.00
7. Food and housekeeping supplies	7.	\$550.00
8. Childcare and children's education costs	8.	
9. Clothing, laundry, and dry cleaning	9.	\$150.00
10. Personal care products and services	10.	\$60.00
11. Medical and dental expenses	11.	\$312.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14. Charitable contributions and religious donations	14.	\$0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a	\$0.00
15b. Health insurance	15b.	\$210.00
15c. Vehicle insurance	15c.	\$128.85
15d. Other insurance. Specify: N/a	15d.	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 2000 BMW Z3	17a	\$189.00
17b. Car payments for Vehicle 2	17b.	
17c. Other. Specify: Haverty's-Mattress	17c	\$46.00
17d. Other. Specify: N/a	17d.	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$0.00
Other payments you make to support others who do not live with you. Specify:	19.	\$0.00

Deb	tor 1	Kevin	William	Johnson	Case number (if k	nowr	າ)	
		First Name	Middle Name	Last Name				
20.		er real property ex edule I: Your Incor		lines 4 or 5 of this form or	on			
	20a.	Mortgages on oth	er property		20a	a.		
	20b.	Real estate taxes	;		201	٥.		
	20c.	Property, homeov	wner's, or renter's insura	nce	200	c.		
	20d.	Maintenance, rep	air, and upkeep expens	es	200	d.		
	20e.	Homeowner's ass	sociation or condominiur	n dues	200	э.		
21.	Othe	er. Specify: N/a			21.	+	-	\$0.00
22.	Calc	ulate your monthly	y expenses.					
	22a.	Add lines 4 throu	gh 21.		223	a. [\$2,505.85
	22b.	Copy line 22 (mo	nthly expenses for Debte	or 2), if any, from Official For	m 106J-2. 22l	o.		
	22c.	Add line 22a and	22b. The result is your	monthly expenses.	220	c.		\$2,505.85
23.	Calc	ulate your monthl	y net income.					
	23a.	Copy line 12 (you	r combined monthly inco	ome) from Schedule I.	23a	a.		\$2,506.96
	23b.	Copy your month	ly expenses from line 22	c above.	231	o. -		\$2,505.85
	23c.	Subtract your mo The result is your	nthly expenses from you monthly net income.	r monthly income.	230	c. [\$1.11
24.	Do y	ou expect an incre	ease or decrease in yo	ır expenses within the year	after you file this form?			
				your car loan within the year on odification to the terms of you	or do you expect your mortgage our mortgage?			
	$\overline{\checkmark}$	No						
		Yes. Explain here:						
		None.						

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			· ·		
Fill in this i	nformation to	dentify your case:			
Debtor 1	Kevin First Name	William Middle Name	Johnson Last Name		
D. http://	FIISL Name	Middle mame	Lasi Name		
Debtor 2 (Spouse, if filin	ng) First Name	Middle Name	Last Name		
United States I	Bankruptcy Court fo	or the: NORTHERN D	ISTRICT OF GEORGIA		
Case number (if known)				☐ Check i amende	f this is an ed filing
Official For	m 106Sum				Ç
	-	ets and I iahilit	ies and Certain S	tatistical Information	12/1:
, <u>,</u>					
Part 1: S	Summarize You	ır Assets			Your assets
					Value of what you own
. Schedule A	A/B: Property (Offici	al Form 106A/B)			
1a. Copy I	line 55, Total real e	state, from Schedule A/	В		\$0.00
1b. Copy I	line 62, Total perso	nal property, from Sche	dule A/B		\$8,313.00
1c. Copy I	line 63, Total of all	property on Schedule A	/B		\$8,313.00
Part 2: S	Summarize You	ır Liabilities			
					Your liabilities Amount you owe
			Property (Official Form 106 claim, at the bottom of the	6D) last page of Part 1 of Schedule D	\$5,802.00
			s (Official Form 106E/F) ared claims) from line 6e of	Schedule E/F	\$0.00
3b. Copy t	the total claims fron	n Part 2 (nonpriority uns	secured claims) from line 6j	of Schedule E/F	+ \$27,797.18
				Your total liabilities	\$33,599.18

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)
Copy your combined monthly income from line 12 of Schedule I. \$2,506.96

5. Schedule J: Your Expenses (Official Form 106J)
Copy your monthly expenses from line 22c of Schedule J. \$2,505.85

Deb	tor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)
Pa	art 4:	Answer T	hese Questions for	r Administrative	and Statistical Records
6.	Are y	ou filing for ban	kruptcy under Chapter	s 7, 11, or 13?	
	ш.	No. You have no Yes	thing to report on this pa	rt of the form. Check	this box and submit this form to the court with your other schedules.
7.	What	kind of debt do	you have?		
	Ľ	•	•		are those "incurred by an individual primarily for a personal, s 8-9g for statistical purposes. 28 U.S.C. § 159.
	_		oot primarily consumer burt with your other scheo		ning to report on this part of the form. Check this box and submit
В.			of Your Current Month! ine 11; OR, Form 122B		total current monthly income from 2C-1 Line 14. \$2,929.29
9.	Сору	the following s	pecial categories of cla	ims from Part 4, line	6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

Fill in this info	ormation to i	dentify your case:		
Debtor 1	Kevin First Name	William Middle Name	Johnson Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
		or the: NORTHERN D	ISTRICT OF GEORGIA	
Case number (if known)	-			Check if this is an amended filing
Official Form	106Dec			
Declaration	About an I	ndividual Debt	or's Schedules	12/15
Sig	n Below			
Did you pay o	or agree to pay s	someone who is NOT	an attorney to help you fill out	bankruptcy forms?
☑ No				
Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty true and corre		eclare that I have read	the summary and schedules f	iled with this declaration and that they are
	William Johns am Johnson, De		XSignature of Debtor 2	

Date <u>05/04/2016</u>

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Kevin William Johnson First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA Case number (if known)	Fill in this information to identify your case:			
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA Case number	Debtor 1			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA Case number				
Case number				
	Case number (if known)			

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.								
	Identify the creditor and the property that is collateral		What do you intend to do with the property that secures a debt?			Did you claim the property as exempt on Schedule C?			
	Creditor's name:	SYNCB_Havertys		Surrender the property. Retain the property and redeem it.		No Yes			
	Description of property securing debt:	Mattress		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:					
	Creditor's name:	United Bank		Surrender the property. Retain the property and redeem it.		No Yes			
	Description of property securing debt:	2000 BMW Z3		Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:					

Debtor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)
Part 2:	List Your	Unexpired Person	al Property Leases	
fill in the i	nformation belov	w. Do not list real esta	te leases. Unexpired le	G: Executory Contracts and Unexpired Leases (Official Form 106G), eases are leases that are still in effect; the lease period has not e trustee does not assume it. 11 U.S.C. § 365(p)(2).
Desc	ribe your unexpi	red personal property	leases	Will this lease be assumed?
None	e.			
Part 3:	Sign Belo	w		
		y, I declare that I have is subject to an unexp	•	about any property of my estate that secures a debt and
X /s/ Ke	vin William Joh	nson	X	
Kevin \	William Johnson, I	Debtor 1	Signature of De	btor 2
Date	05/04/2016	_	Date	
Ī	MM / DD / YYYY	=	MM / DD	/ YYYY

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

In r	e Kevin William Johnson	Case No.	
		Chapter	7
	DISCLOSURE OF COMPENSATION OF ATT	ATTORNEY FOR DEBTOR It I am the attorney for the above named debtor(s) and tition in bankruptcy, or agreed to be paid to me, for implation of or in connection with the bankruptcy case \$1,000.00 \$1,000.00 \$0.00 \$0.00 any other person unless they are members and other person or persons who are not members or a list of the names of the people sharing in the vice for all aspects of the bankruptcy case, including: the debtor in determining whether to file a petition in	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am that compensation paid to me within one year before the filing of the petition services rendered or to be rendered on behalf of the debtor(s) in contemplating as follows:	in bankruptcy, or	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$	1,000.00
	Prior to the filing of this statement I have received	<u>\$</u>	1,000.00
	Balance Due		\$0.00
2.	The source of the compensation paid to me was: ☐ Other (specify)		
3.	The source of compensation to be paid to me is:		
	✓ Debtor ☐ Other (specify)		
4.	✓ I have not agreed to share the above-disclosed compensation with any of associates of my law firm.	other person unle	ss they are members and
	☐ I have agreed to share the above-disclosed compensation with another associates of my law firm. A copy of the agreement, together with a list compensation, is attached.		
5.	In return for the above-disclosed fee, I have agreed to render legal service for	or all aspects of th	e bankruptcy case, including:
	 Analysis of the debtor's financial situation, and rendering advice to the del bankruptcy; 	btor in determinin	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and	d plan which may b	pe required;
	c. Representation of the debtor at the meeting of creditors and confirmation	hearing, and any	adjourned hearings thereof;

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/04/2016	/s/ Shannon D. Sneed				
Date	Shannon D. Sneed Bar No. 66561 Shannon D. Sneed & Associates, P.C.	0			
	P.O. Box 1245				
	2112 Lee Street NW				
	Covington, GA 30015				
	Phone: (770) 788-0011 / Fax: (770) 788-1702				

/s/ Kevin William Johnson

Kevin William Johnson

Fill	l in th <u>is inf</u>	ormation to i	dentify your case:			box only as direc				
	otor 1	Kevin	William	Johnson	form and i	n Form 122A-1Su	pp:			
Der	7.O1 1	First Name	Middle Name	Last Name	1. There is	no presumption of abus	se.			
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name	of abuse	ulation to determine if a applies will be made ur est Calculation (Official	nder Chapter 7			
Uni	ted States Ba	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF GEORGIA		ns Test does not apply				
	se number nown)					ed military service but it				
					Check if the	his is an amended filing	I			
Offi	cial Form	122A-1								
Cha	apter 7 S	tatement o	f Your Current	Monthly Income			12/1			
are e milita 122A	xempted from ary service, c -1Supp) with	n a presumption omplete and file this form.	of abuse because yo	i, write your name and case u do not have primarily consion from Presumption of Abo	sumer debts or be	ecause of qualifying				
ı. '	What is your	marital and filing	g status? Check one o	nly.						
	Not married. Fill out Column A, lines 2-11.									
	—	and your spouse	e is filing with you. Fil	Il out both Columns A and B, I	nes 2-11.					
	— Married	and your spouse	e is NOT filing with yo	u. You and your spouse are	:					
	_	ng in the same h	nousehold and are not	: legally separated. Fill out bo	oth Columns A and	B, lines 2-11.				
	Livi	lare under penalt	y of perjury that you and	I. Fill out Column A, lines 2-11 d your spouse are legally sepa that do not include evading the	rated under nonba	ankruptcy law that appli	es or that you			
l i	bankruptcy c August 31. If in the result.	ase. 11 U.S.C. § the amount of yo Do not include an	§ 101(10A). For examp our monthly income variency income amount more	ed from all sources, derived on the state of	per 15, the 6-mont ne income for all 6 oth spouses own t	th period would be Marc months and divide the he same rental property	h 1 through total by 6. Fill			
					Column A	Column B				
					Debtor 1	Debtor 2 or non-filing spouse				
	•	vages, salary, tip	os, bonuses, overtime,	and commissions	\$2,929.29	\$0.00				
	Alimony and if Column B is	•	yments. Do not includ	le payments from a spouse	\$0.00	\$0.00				
1	expenses of pregular contributions of properties of the properties	you or your depondence outlines from an units, parents, and	roommates. Include re		\$0.00	\$0.00				

on line 3.

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Debtor 1 Kevin William Johnson Case number (if known) First Name Middle Name Last Name Column A Column B **Debtor 1** Debtor 2 or non-filing spouse Net income from operating a business, profession, or farm Debtor 2 Debtor 1 \$0.00 \$0.00 Gross receipts (before all deductions) \$0.00 \$0.00 Ordinary and necessary operating -Copy \$0.00 \$0.00 \$0.00 \$0.00 Net monthly income from a business, here profession, or farm Net income from rental and other real property Debtor 2 Debtor 1 \$0.00 \$0.00 Gross receipts (before all deductions) \$0.00 \$0.00 Ordinary and necessary operating expenses Copy \$0.00 \$0.00 \$0.00 \$0.00 Net monthly income from rental or here other real property Interest, dividends, and royalties \$0.00 \$0.00 **Unemployment compensation** \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$0.00 For you..... \$0.00 For your spouse..... Pension or retirement income. Do not include any amount received that \$0.00 \$0.00 was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. \$0.00 \$2,929.29 \$2,929.29 Then add the total for Column A to the total for Column B. **Total current** monthly income

Deb	otor 1	Kevin First Name	William Middle Name	Johnson Last Name	Case number (if known)
P	art 2:	Determ	ine Whether the Mea	ns Test Applies to	You
12.	Calcu	ulate your cur	rent monthly income for t	the year. Follow these s	steps:
	12a.	Copy your to	tal current monthly income	from line 11	Copy line 11 here > 12a. \$2,929.29
		Multiply by 12	2 (the number of months in	X 12	
	12b.	The result is	your annual income for this	s part of the form.	12b. \$35,151.48
13.	Calcu	ulate the medi	ian family income that ap	plies to you. Follow the	ese steps:
	Fill in	the state in wh	hich you live.	Georgi	ia
	Fill in	the number of	f people in your household.	2	
	To fin	nd a list of appl		ounts, go online using th	ne link specified in the separate uptcy clerk's office.
14.	How	do the lines c	compare?		
	14a.	Line 12b	•	ne 13. On the top of pag	ge 1, check box 1, There is no presumption of abuse.
	14b.		b is more than line 13. On art 3 and fill out Form 122A		k box 2, The presumption of abuse is determined by Form 122A-2.
P	art 3:	Sign Be	elow		
	Ву	signing here, I	declare under penalty of pe	erjury that the informatio	on on this statement and in any attachments is true and correct.
	X	/s/ Kevin Wil	lliam Johnson		X
			Johnson, Debtor 1		Signature of Debtor 2
	1	Date 5/4/201	16		Date
		MM / DE	D / YYYY		MM / DD / YYYY
	16	MM / DE	D/YYYY	- F 100A 0	MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Current Monthly Income Calculation Details

7

In re: **Kevin William Johnson**Case Number:
Chapter:

2. Gross wages, salary, tips, bonuses, overtime and commissions.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Dobtor	Immoe Inc	•	•	•	•	•	

<u>Debtor</u> <u>Immec, Inc.</u> \$2,316.00 \$3,588.00 \$2,848.00 \$2,088.00 \$3,775.75 \$2,960.00 **\$2,929.29**